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1 her	eby appoint:				· ·			
\checkmark	Practitioners associated with the Customer Number:				00293			
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	Practitioner(s) named below:							
		Name			Registration Number			
	Ralph A. Dowell				26868			
					53604			
	Wendy M. Slade							
								
as my	/our attorney(s) or a emark Office connect	gent(s) to prosecute the application ed therewith.	ı identified above	, and to	transact all business in the United States Patent and			
Pleas	The address ass OR	ge the correspondence address for ociated with the above-mentioned sociated with Customer Number:	-					
	Firm or Individual Na	me Ralph A. Dowell of DOWEL	_ & DOWELL, P.(o. ———				
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<u> </u>	C*.	Alexandria		State	VA Zip 22314			
<u> </u>	Country	US						
	Telephone	703 415 2555		Fax	703 415 2559			
l an	Applicant/Invent	or. ord of the entire interest. See 37 C r 37 CFR 3.73(b) is enclosed. (For	FR 3.71. m <i>PTO/SB/96</i>)					
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I hereby revoke al	previo	ous powers of attorney give	ven in the al	oove-id	entified appl	ication.	
I hereby appoint:							
✓ Practitioners associated with the Customer Number: 000293							
OR ·						I	
Practitioner(s) named below:							
		Name			Regist	ation Numbe	er
Ralph A. Dowel	<u> </u>					26868	
Wendy M. Slad						53604	
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as my/our attorney(s) o Trademark Office cont	or agent nected th	(s) to prosecute the application i erewith.	dentified above	e, and to	transact all bus	iness in the	United States Patent and
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR OR O00293							
Firm or Individual	Name	Ralph A. Dowell of DOWELL &	& DOWELL, P.	C.			
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Country		US	·	1 =			
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I am the: X							
SIGNATURE of Applicant or Assignee of Record							
Signature						Date	10.04.06
Name	PI	ADINAS Claude			•	Telephone	·
Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one							
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F	Practitioner(s) named b	pelow:				
Γ		Name		Regis	stration Number	
	Ralph A. Dowell				26868	
L	Wendy M. Slade				53604	
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التنا ا	The address associ	ated with Customer Number:				
	Firm or Individual Name	Ralph A. Dowell of DOWELL &	& DOWELL, P.(D. 		
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<u> </u>		<u> </u>	·	State IVA	Zip	22314
	City	Alexandria		State VA		
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X	Applicant/Inventor.	• • • • • • • • • • • • • • • • • • •	•		•	
	Assignee of record	of the entire interest. See 37 CFF CFR 3.73(b) is enclosed(Form	R 3.71. PTO/SB/96)	: :	•	
-	· · · · ·			Assignee of Record		
Signa	ture	4			Date	13/04/06
Name	F	RIOUL Rachel		<u>-</u>	Telephone	
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Ī		Name			Registrat	lion Number		
ļ	Ralph A. Dowell				26	5868		
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	Address	Suite 406, 2111 Eisenhower-A	venue			•		İ
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